## PART B - FEE(S) TRANSMITTAL

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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE Al maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: the Block 1 for not change of subtract)  Note: A certificate of mailing can only be used for domestic m								
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Memphis, TN 3	8132						(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTO		NEY DOCKET NO.	CONFIRMATION NO.	
10/685,139	10/685,139 10/14/2003		Steve Mitchell	5910-187/P31100.01		4489		
TITLE OF INVENTION	N: INTERSPINOUS PRO	OCESS AND SACRUM I	MPLANT AND METHO	D .				
APPLN. TYPE	SMALL ENTITY	ISSUE FEÉ DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	10/12/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	_				
HOFFMAN, MARY C		3733	606-069000					
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Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	_l Individual ⊠ C	orporatio	n or other private gro	oup entity Government	
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